

Evaluation of a pharmacist-led deprescribing intervention in a polymedicated elderly population using the CLEO tool: optimising pharmacotherapy in chronic patients

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BACKGROUND AND IMPORTANCE

Polypharmacy is a common healthcare problem in elderly patients. Pharmaceutical care aims to **optimise medicine use** and improve patients' health outcomes by performing **pharmaceutical interventions (PIs)** that, ultimately, result in patients' treatment changes.

AIM AND OBJECTIVES

To evaluate the impact of PIs in **institutionalized elderly patients (>65 years)**, identifying **potentially inappropriate drugs** (contraindication, incorrect dosage, lack of indication, or potential pharmacological interaction) and proposing their **deprescription/adjustment** of dosage.

MATERIAL AND METHODS

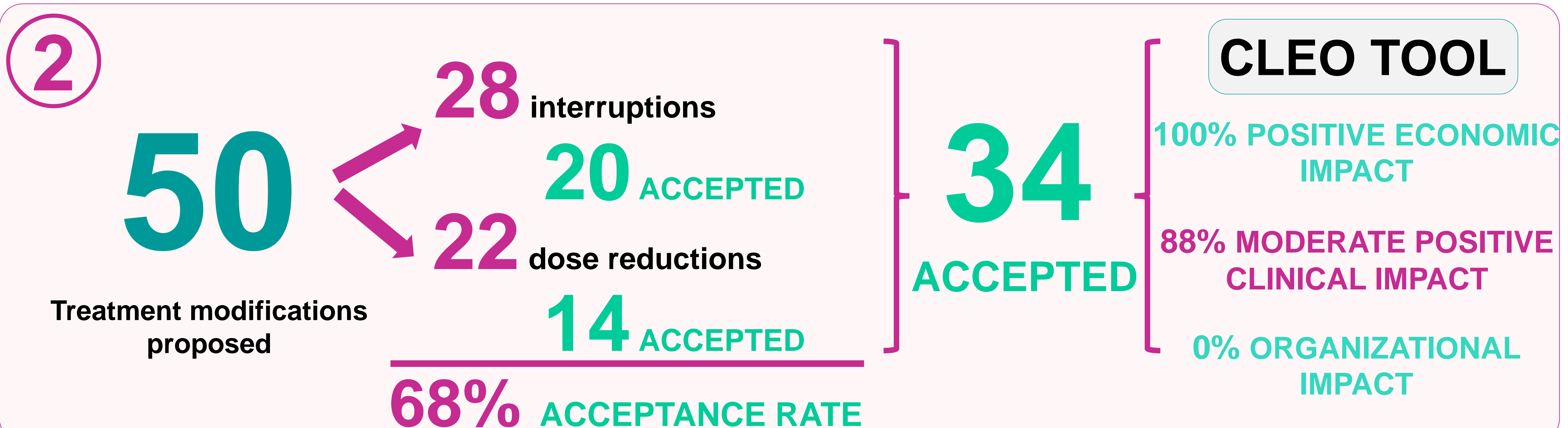
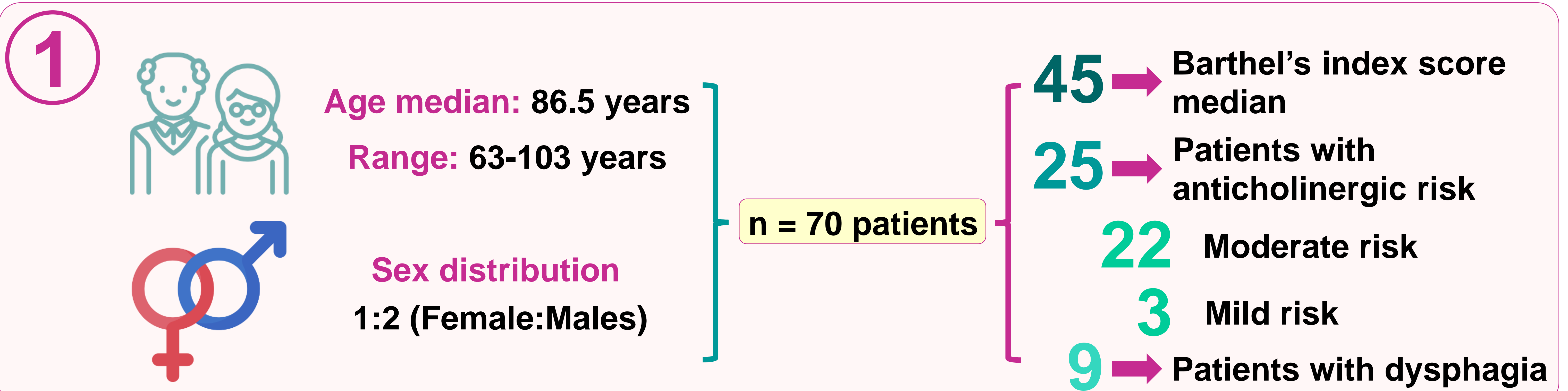
Design: cross-sectional study.

Inclusion criteria: All patients who were admitted to the Sociosanitary Pharmacy Service of La Florida nursing home (Alicante, Spain) were included. Terminally ill patients were excluded.

Tools employed: START/STOPP criteria, LESS-CHRON, Garfinkel's geriatric/palliative good clinical practice algorithm, dysphagia register, Barthel scale, anticholinergic load calculators and MedStopper.

Protocol: After analysing the patients' clinical situation, two hospital pharmacists agreed on the changes proposed to the prescriber and performed the analysis with **CLEO tool**. Disagreements were discussed until consensus was reached.

RESULTS



CONCLUSION AND RELEVANCE

Pharmaceutical interventions aimed at pharmacotherapy optimization promote clinical safety improving quality of care and efficiency of resources